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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ROBERT JAMES DOLD JR			2. Candidate's FEC Identification Number HOIL10302	
(b) Address (number and street) 500 PARK DR			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code KENILWORTH IL 60043			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate IL 10		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) DOLD FOR CONGRESS		
(b) Address (number and street) PO BOX 6312		
(c) City, State, and ZIP Code LIBERTYVILLE IL 60048		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) SCHILLING DOLD NEXT GENERATION COMMITTEE		
(b) Address (number and street) 367 AVE OF THE CITIES SUITE D		
(c) City, State, and ZIP Code EAST MOLINE IL 61244		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate ROBERT JAMES DOLD JR	Date 03/06/2015
[Electronically Filed]	

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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**FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

**PIONEER PROJECT**

(b) Address (number and street)

2470 DANIELS BRIDGE RD, STE 121

(c) City, State and ZIP Code

ATHENS

GA

30606

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

**PATRIOT DAY I 2015**

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code